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Art and Science in Health Care Research: Pushing at Open Doors or Locked in Institutions?

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Abstract

Research methods are usually dictated and driven by the research question. In the context of research in "closed" systems—for example, offender health settings—it is imperative that the research question takes into consideration the context in which the research is located. Conducting research that has action, transformation, and creativity at its heart is a significant challenge in closed cultures, for both the researcher and the researched. Using two exemplars, we question whether researchers should adopt a safe approach to researching these closed cultures and to what extent they should engage in methodological tensions and ethical dilemmas that provoke and support reflection on change. By reflecting on our previous research studies, we aim not so much to provide a definitive answer to this question but to suggest that researchers give careful consideration to the methods appropriate to both the context of the research and its purpose.

Keywords

boundaries; ethics / moral perspectives; health care professionals; marginalized populations; prisons, prisoners; reflexivity; research design

In this article we present a sequence of two exemplars of qualitative research, each of which addresses the complexities and dilemmas of conducting research within closed health care systems. We would like to stress that these two exemplars, though differing in content and focus, were selected to show how within research practice open and closed systems operate on two levels. The first is a physical level (closed systems of prison environments and their associated infrastructures and practices) and the second an epistemological level (such as how concepts such as "truth," "boundaries," and "intersubjectivity" underwrite ethical dilemmas encountered in conducting research in closed systems). Analyzing how closed systems operate on a number of levels, and specifying the impact of such systems on how research methodologies are both conducted and constructed, provides a heuristic framework for designing a line of research inquiry within closed systems.

In our first exemplar, we focus on the complexities of reflexive action research in the prison setting in which the purpose of the research is to examine and develop health care practices. However, within the context of secure environments and in particular prison health care, reflexive action research poses some significant and complex philosophical and practical dilemmas. This exemplar is important in that it highlights the implications of conducting action research, which we term an open methodology, in prison settings, which we term closed systems. In the second exemplar we examine the ethical consequences of researching vulnerable and marginalized groups. Although as researchers we have the obligation to provide transparency and rigor regarding research methods, data analysis, and representation of research findings, an additional challenge is that the tools we use to provide this insight are directly related to self-reflection and reflexivity on their way of being as a researcher.

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Accordingly, in this second and final exemplar we address the methodological issues and dilemmas of research ethics from both participant and researcher perspectives.

Using Open Methods in Closed Institutions

To explore the use of open research methods in closed institutions, we use the exemplar of research and development in the prison setting by referencing our original research articles. The procedural details of the research, including information on how adherence to ethical standards was met, can be found in the original articles (see Walsh, 2009a; Walsh and Freshwater, 2009). As researchers, we relate to the prison setting as a "closed" system in which outsiders find access difficult, both physically and mentally. Our purpose here is not to discuss the practical problems of gaining access to the prison setting to do research, although this can be difficult (see Bosworth, Campbell, Demby, Ferranti, & Santos, 2005; Drake, 1998; O'Brien & Bates, 2003; Walsh, 2009a). Our intention is to provide a more philosophical approach to considering methodological issues when undertaking practice development through a reflexive action research approach in this closed system.

Definitions of Closed Systems

In his research, Robson (2002) suggested that a closed system is one where "all aspects are under the researcher's control" (p. 40). Applying this definition to the prison, we see a system where the regime of the prison is under the control of the authorities and exercised through dominant discourses inherent within the institution, which are in turn internalized by the researcher (Walsh, 2009c). Matthews (1999) highlighted the notion of "space" within prison and suggested that "[p]risons epitomise the ambiguous nature of notions of 'public' and 'private' space" (p. 27). Prisons are public institutions in that they are run by or on behalf of the state, but they are private in as much as they involve exclusion from the public domain. Exclusion from the public domain is not limited to inmates because the practice of staff working with offenders can also be excluded from the public domain. To examine the methodological dilemmas and conflicts of conducting reflexive action research within the milieu of prison culture, it is necessary to provide the reader with an overview of the culture within which prison nurses practice.

In her ethnography of prison work, Crawley (2004) discussed the impact of power relations inherent in working within this closed private space on prison staff, power relations that were deemed necessary for them to maintain control. Inherent in this culture is successful impression management, which is felt to be key to safety

and security. Managing one's emotions in prison is seen as important not only in front of prisoners but also in front of one's colleagues. Crawley noted that for prison officers, as for police officers, the "importance of 'machismo' for successful job performance" is a given. Crawley continued, "There is a long standing expectation that prison officers will be courageous, resilient, authoritative and fearless in all situations and that they will manage those emotions thought to be 'non-masculine'" (p. 132). Given the potential for such emotions to surface through the reflective action learning process, a culture that works against this can limit full engagement by participants. To date, we have undertaken a number of pieces of development work within the prison setting, all of which have utilized a reflexive action research approach via the use of action learning groups, clinical supervision, and appreciative inquiry.

Undertaking Action Learning and Reflexive Action Research in Prison: An Example From Practice

Action learning was key to a project undertaken to implement and support clinical supervision for health care staff across the prison estate in England and Wales (see Walsh, Dilworth, & Freshwater, 2007). Action learning has been described as "a process of learning and reflection that happens with the support of a group or set of colleagues working on real problems with the intention of getting things done" (McGill & Brockbank, 2004, p. 11). Action learning is a dynamic, ongoing, evaluative process that has the potential both to be transformatory and to transform. Founded in the 1940s by Revans, action learning is a long-established and evidenced-based approach to continuous learning and reflection with a group of colleagues. The process is based in real-life events and is experienced as an active stance toward the pressures and challenges that managers, leaders, and teams face on a daily basis (Revans, 1982, 1998). Action learning, in this sense, reflects the growing recognition that learning is a social activity supported by social context (McGill & Brockbank). It is particularly useful in helping individuals to access and draw on life experiences to provide critical but pragmatic and meaningful solutions to work-related problems. It has proven to be an influential tool in the context and settings of offender health because it is a powerful instrument to work with resistance to change (see Freshwater, Walsh, & Storey, 2001, 2002; Walsh et al., 2007).

The degree of reflexivity within an action learning group is dependent on both the group itself and its facilitator. However, there are two important issues to highlight when working with an action learning framework in

the prison context: suspicion or cynicism and a reluctance to engage in reflection. Drawing on our experiences of working with prison staff, we often witnessed an unwillingness to engage with "outsiders" and a reluctance to examine and reflect on practice. In the early phases of this project, we were met with a great deal of suspicion and cynicism, which necessitated much work to allay fears, suspicion, and anxiety. The reason for this reluctance can be related to what Menzies Lyth (1988) referred to as institutional defenses against anxiety. In previous work, we also noted significant levels of suspicion, cynicism, a sense of "stoical detachment," and thorny issues concerning access and staff involvement on both physical and psychological levels (see Freshwater et al., 2001, 2002; Musselwhite, Freshwater, Jack, & Maclean, 2004). These issues are typical of closed organizations. Practice in closed systems tends to be outcome driven and task oriented, which we see as closely aligned to a traditional, positivist methodology that has at its roots the testing of theory by examination of quantifiable and observable phenomena.

Research and development work we undertook with the Offender Health Unit at the Department of Health and HM Prison Service (United Kingdom) utilized a more qualitative, practitioner-centered approach (see Walsh, 2009b; Walsh & Freshwater, 2009). However, qualitative research and practice development that values practitioner involvement in a reflexive, person-centered paradigm is, we suggest, more closely aligned to open organizational systems. This approach to research and development has, in our experience, been viewed as "weak" and "unnecessary." We were therefore in direct conflict with the closed system, which valued a more scientific, traditional approach to research and development. This resulted in a direct impact on how interviews were conducted and the level at which people engaged. Using practitioner-based research approaches clearly has limitations when practice is so protected within the context of a closed system. This, we suggest, does not prevent these approaches being utilized effectively but serves to reinforce the importance of reflexivity in terms of the researcher when presenting and analyzing data. The influence on the data of the closed system needs to be transparent and reflected on in detail. We are not suggesting that all prison staff are closed to a humanistic person-centered approach. On an individual level, many staff welcome the opportunity to step outside the closed system. However, both researcher and researched ultimately need to negotiate the underlying philosophy of the bigger, controlling institution and its dominant discourses.

Closed Systems and Dissonance

It follows that by the nature of the system involved in the research, both the researcher and the "researched" might

well experience cognitive dissonance in that their underpinning philosophy and orientation to practice are in direct conflict with those of the setting within which they are working. For the research participant, involvement in a study embracing an open philosophy might cause a feeling of disembodiment, given that to become fully involved in the study might require a level of reflection on practice never experienced before. This kind of research practice could potentially raise uncomfortable feelings for the participant, which might continue to extend beyond the scope of the study. Such dissonance in turn raises ethical issues for the researcher. Encouraging research participants' reflection on practice to develop practice and raise standards of care for prisoners, although necessary, requires thought as to how to equip participants to cope once the research is concluded. For the researcher, it is imperative that there is a high level of awareness of the effect of the closed system on data and its subsequent attitude toward change and development. Indeed, there must also be an awareness of the impact of the organization as a whole on the data. There are also issues for the researcher in terms of acknowledging the concepts of access and acceptability within the setting in which they work.

From our previous work in the prison setting, we know that participants respond far more positively to "insiders" who are involved in research projects. Issues with access were often softened by researchers who understood the cultural and security processes inherent in working in a prison while being able to communicate from within the staff culture. The benefits of undertaking reflexive action research with researchers who have experience of the prison culture are therefore clear. More effective communication from within the culture can lead to more meaningful interaction with participants. Chesney (2001) discussed the potential for the researcher's loss of critical perspective when adopting an insider approach to research. Chesney cited Everhart (1977), who noted a blurring of vision that can result from being too close to the research. However, in our reflexive action research, this closeness was vital in supporting participants to engage. As Chesney stated, "[I]f we as researchers hold back, then it can be expected that the researched will also hold back" (p. 130). We suggest that in adopting a truly reflexive approach to the research by both the researched and the researcher, where the researcher is viewed as part of the research, a more open and honest perspective will result.

We question whether researchers should adopt a safe approach by using methods conducive to researching in closed environments or indeed to what extent they should engage in methodological and ethical dilemmas that prize open and make everyday practice explicit. By reflecting on previous studies we have undertaken, we would contest that reflexive, critical, action-oriented approaches are of value and should not be avoided primarily because of the constraints of closed systems. We would highlight that we are not attempting to provide a definitive answer to this question. Rather, we suggest that researchers should actively engage in determining the method of inquiry through grappling with the thorny issues of exactly how research practice is influenced by closed systems and to give further consideration to methods appropriate for both the context of the research and its purpose. It follows that determining an appropriate line of inquiry for any given research question is heavily contingent on a range of factors. Where research methods espouse adaptability and flexibility, researchers might find themselves in direct conflict with the closed system. Where researchers are forced to compromise their own values and morals to a great degree, they might experience a significant degree of cognitive dissonance.

Research methods are usually dictated and driven by the research question. In the context of prison research, it is imperative that the research question takes into consideration the context and environment in which the research is located. In our experience, action research that had transformation and social action at its heart was a significant challenge in this culture for both the researcher and the researched. Making the ordinary extraordinary is a timely and pressing challenge to all practitioners and is related to the context of our second and final exemplar. For this, we return to those fundamental principles on which research that involves human participants is founded. These are to do no harm, beneficence and nonmaleficence, and the recognition of the vulnerability of both the researcher and the participant.

Researching Vulnerability: Ethics and Reflexivity

Within the realm of qualitative research, the issue that we continually need to address is the degree of openness vs. the ethical implications of undertaking research in which perceptions and personal views are explored and exposed to public scrutiny. Although we recognize that qualitative research takes many different forms, per definition, all forms of qualitative research and methods of data collection use narrative as a tool to represent the findings. There are a number of potential ethical tensions that need to be taken into account when we undertake open research within settings that are not perceived to be safe, open, or conducive to reflection.

The idea of a closed environment might refer to an organization that is, although open to the public (such as a hospital), so conservative and constricting to new ideas that it shows the traits of a closed and isolated system. Alternatively, a closed environment might be an organization such as a prison that is excluded from the public domain and to which access is limited. Working within this environment might create conflict for nurses who, having been socialized into a nursing profession that has largely generic accepted norms and values aimed at inclusion and equality, are now required to acculturate to fit into a work ethos that is often normative and exclusive. This tension was highlighted in the first of our exemplars. Although we would highlight that both settings contain elements of polarization—in the hospital, care vs. cure (Esterhuizen, 2006; Freshwater & Cahill, 2010), and in the prison, care vs. custody (Walsh, 2007, 2009b; Walsh & Freshwater, 2009)-such polarization is more apparent in terms of nursing within a prison environment and can be a cause of role confusion. Until recently in the United Kingdom, these nurses fell outside mainstream health care jurisdiction (Walsh & Freshwater). The autonomy and conduct of these nurses, although officially regulated by professional organizations, were largely controlled by prison governors and the access of interned patients to health care facilities controlled by prison officers (Walsh, 2009c).

Researching Professional Culturalization

We researched professional culturalization first through action research introducing clinical supervision in the prison setting (Walsh, 2009b), second among registered nurses and how they applied learned theory in the hospital ward setting (Esterhuizen, 1997), and third in understanding the socialization of student nurses into their professional role (Esterhuizen, 2010). During these research projects, participants became distressed and confused at realizing that they actually perceived a different, more threatening environment to their professional persona and that they were also alienated from who they thought they were as individuals. As highlighted in the first exemplar, this is in keeping with Crawley (2004), who suggested the macho image portrayed by prison officers in their work role does not always correlate with the individual in his or her private capacity.

In all of these research examples the individuals came to realize their situation as a direct result of facilitated discussion in the form of an interview or clinical supervision. This presents a potential risk, because the confrontation can give rise to role confusion. For example, in prison work, in contrast to the macho image normally portrayed, an individual can became emotional and express feelings of inadequacy, guilt, and confusion, but also indicate not being able to respond in any other way within the work environment. Crawley (2004) described this as the adaptation to the culture. Although this forms rich and interesting data for the researcher, there is often inadequate support for the individuals as they return to their workplace with new awareness of their situation. In our first exemplar of action learning research in prison, we flagged the effects of such dissonance on the participants and how this might be mitigated by clinical supervision. Moreover, this response was echoed in our research with registered nurses and student nurses in which anxiety related to peer response and managerial assessment was an important emotion preventing them from following their own philosophies of care and resulting in emotionality and alienation (Esterhuizen, 1997, 2010).

The Morality of Qualitative Research

In qualitative research we often use a form of narrative to collect or represent data (Bochner, 2001; Ellis & Bochner, 2000), and the point of departure in this exemplar is narrative research in the broadest possible sense. Qualitative approaches often seek to understand, describe, or explore perceptions of a group seen to be isolated within a system. In the case of action research or action learning sets, as demonstrated in the first exemplar, this is even more the case considering that the participant is in the position of collaborative researcher and is in a position to influence the direction of the research and findings. This possibility is simultaneously the first tension to be encountered in open research. Participants are able to influence the direction of the research by their openness and willingness to share their thoughts and ideas. The contradiction here is that they are also in a position to "falsify" the findings by censoring their responses and filtering their reactions. From the position of the researcher, our focus of the data collection needs to remain true to the agreed research, and this calls for reflexivity, self-awareness, and a commitment not to be sidetracked into our personal agendas.

We could, understandably, argue that this is the skill and technique of the researcher: to recognize the boundaries of participant self-disclosure and to probe more deeply into the underlying perceptions of the individual. This, then, is the second tension confronting us as researchers: when and how to respect the boundaries of the participant. If individuals set a limit on the depth of information they are willing to share by their verbal or nonverbal communication, to what degree might we as researchers probe more deeply? This is most certainly the case if we undertake research in settings that are perceived to be threatening or hostile. The third tension within the realm of this article is the concept of truth. A narrative researcher, and especially within the context of collaborative research, should always aim to remain true and truthful to the participants (Holloway & Freshwater, 2007). Within the process of authorship, the perceptions and insights of the researcher change.

Once the manuscript is complete, we might well inquire as to whose truth it has become-that of the participant whose original story it was, or that of the researcher who has developed, changed, or perhaps even been transformed through the process of the research. By virtue of the focus of qualitative research, rich data leading to deeper understanding of a phenomenon call for a degree of self-disclosure-the fourth tension in this form of research. Self-disclosure on the part of the participant is clear, and individuals are largely protected through the ethical, moral, and legal parameters of informed consent. This is not entirely watertight in that once the researcher has data, he or she can be anonymized, adapted, and reinterpreted, although the participants have no control as to how they are represented, albeit without specific identity. Often we as researchers will publish our work, based on our research with individuals, in journals and books not accessed by-or perhaps not even accessible to-the participants. In this respect, the concept of informed consent is distant and not open to scrutiny.

This leads to a fifth tension: the issue of self-disclosure of the researcher. As researchers, in embarking on this form of research with a specific group of people, within a certain setting, we imply that we have an affinity with the topic or group, and are aware of their marginalization, as implied by Holloway and Freshwater (2007). This involvement at a deeper level suggests openness on our part toward the group being researched. This will result in changing our perceptions of the subject, and perhaps, because of the personal nature of our involvement, we might undergo a personal transformation as a result. This naturally has implications for the degree to which we write ourselves into the research, but also how we maintain an ethical transparency during the research and in the process of dissemination.

The sixth tension is the intersubjectivity between researcher and participant. As already suggested, we as researchers have an underlying interest in the topic being researched; in the case of qualitative research this is a phenomenon regarding people-their ideas, perceptions, anxieties, and hopes. As researchers we cannot enter into contact at a deeper level without some form of intersubjectivity taking place. This is the foundation of human connection: communication and interaction. At this deeper level, this is about the identification of (and with) "the other," an essential component if the researcher is to uncover rich data via in-depth interviews. To interact with a participant during an open, unstructured interview, we must be active listeners and be willing to enter into the discussion. This intersubjective interaction calls for elements of self-disclosure on our part as researchers, which result in the participants understanding that we acknowledge them in their position and see them as human, with stories to tell. This tension is clearly demonstrated in action learning research in the first of our exemplars, where we suggest that adopting a truly reflexive approach to the research by both the researched and the researcher, a more open and honest perspective will, we believe, be achieved.

The seventh and final tension to be addressed, which has to do with intersubjectivity, is the issue of transparency. Part of providing rigor to qualitative research is the degree of transparency we provide as researchers regarding our thought processes, decision making, and personal bias (Jasper, 2005; Pillay, 2005; Soobrayan, 2003; Tierney, 2002). In some aspects this emulates aspects of autoethnography, described by Ellis (2004) as "research, writing, story, and method that connect the autobiographical and personal to the cultural, social and political" (p. xix). Considering the idea of research in closed settings being undertaken with marginalized groups, this link with autoethnography is plausible and might even be desirable if the research is to result in change in any form (Tolich, 2010).

The above-mentioned examples and experiences illustrate important ethical considerations when undertaking research in closed settings. Through increased awareness of their own situations, perceptions, beliefs, and values, and their awareness of their work environment, the participants became aware of and articulated their feelings of threat, anxiety, anger, and helplessness while simultaneously realizing that they needed to return to a work environment that not only was unchanging but also had been unmasked. This can be a confronting situation for the individual, and although reflective awareness can allow and result in change (Johns & Freshwater, 2005), this is simultaneously the criticism of reflective practice: that individuals become aware of their work environments without having the tools to deal with or change the situation they are in (Pryce, 2002). In turn, distress resulting from a changed perspective on the part of the participant can affect us as researchers and result in confusion of researcher, supervisor, and nursing roles. This role confusion can lead to our running the risk of becoming overinvolved with the plight of the participant and becoming judgmental with regard to the participant's situation, which in turn creates bias for further research processes.

Summary

In this article, we have provided two exemplars of the potential of transformative research in closed systems. We selected these exemplars to illustrate how open and closed systems can operate on two levels, first on a physical level (closed systems of prison environments and their associated infrastructures and practices) and second on an epistemological level (such as how concepts such as "truth," "boundaries," and "intersubjectivity" underwrite ethical dilemmas encountered in conducting research in closed systems). Analyzing how closed systems operate on a number of levels and specifying the impact of such systems on how research methodologies are both conducted and constructed should, we argue, underpin research practice within these systems.

In presenting our argument, we have questioned the value of adopting a safe-hands approach to researching closed systems as simply a response to the constraints of those closed systems. We have highlighted the importance and influence of contextual and environmental factors in determining the most appropriate methodological framework. This is particularly challenging when participating in inquiry into contexts in which professionals and practitioners have their resilience severely tested. It is precisely such challenges and struggles that define the method of inquiry and outcomes while also providing the rationale and process for applied research. In outlining the methodological and potentially ethical conflicts and dilemmas created by using open and flexible methods within closed and potentially rigid systems, it might appear that we have rather polarized the argument. In the spirit of our emphasizing the fluidity of both method and context, we would ask the reader not simply to view the text through one lens but to read the discourse presented here as a partial truth in a world of multiple truths, viewed through a myriad of lenses, some more open than closed. In this article we have presented a theorized discussion of the challenges in conducting qualitative research in closed environments.

At this juncture, we would also invite readers to consider how even when conducting transformative research in allegedly open systems, there are a number of closed system features that have been internalized by the setting in which we work. Our specific contribution relates to our recommendation that the method of inquiry is appropriately responsive to the research environment and context. We uniquely define responsiveness to context as a willingness to explore methodological tensions and ethical dilemmas that provoke and support reflection on change. We would finish by recommending that this framework of research inquiry that is uniquely responsive to context be applied to all research questions, whether they reside in open or closed systems, and that this framework has applicability beyond the contexts that we have used as our exemplars.

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References

- Bochner, A. P. (2001). Narrative's virtues. *Qualitative Inquiry*, 7(2), 131-157. Retrieved from http://qix.sagepub.com/ content/7/2/131.full.pdf+html
- Bosworth, M., Campbell, D., Demby, B., Ferranti, S. M., & Santos, M. (2005). Doing prison research: Views from inside. *Qualitative Inquiry*, 11(2), 249-264. Retrieved from http://qix.sagepub.com/content/11/2/249.full.pdf+html
- Chesney, M. (2001). Dilemmas of self in the method. *Qualitative Health Research*, *11*, 127-135. doi:10.1177/ 104973201129118876
- Crawley, E. (2004). *Doing prison work, the public and private lives of prison officers*. Devon, UK: Willan.
- Drake, V. (1998). Process, perils and pitfalls of research in prison. *Issues in Mental Health Nursing*, 19, 41-52. Retrieved from http://informahealthcare.com/toc/mhn/19/1
- Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: AltaMira.
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733-768). London: Sage.
- Esterhuizen, P. (1997). *Is experiential learning the link between theory and practice?* Ureterp, Netherlands: Contrafact.
- Esterhuizen, P. (2006). Is the professional code still the cornerstone of clinical nursing practice? *Journal of Advanced Nursing*, 53(1), 104-113. doi:10.1111/j.1365-2648.2006.03684.x
- Esterhuizen, P. (2010). The journey from neophyte to registered nurse: A Dutch experience of professional socialisation. Saarbrücken, Germany: VDM Verlag.
- Everhart, R. B. (1977). Between stranger and friend: Some consequences for long term field work in schools. *American Educational Journal*, 14(1), 1-15.
- Freshwater, D., & Cahill, J. (2010). Care and compromise: Developing a conceptual framework for work-related stress. *Journal of Research in Nursing*, 15(2), 173-183. doi:10.1177/1744987109357820
- Freshwater, D., Walsh, E., & Storey, L. (2001). Prison health care: Developing leadership through clinical supervision. *Nursing Management*, 8(8), 10-13.
- Freshwater, D., Walsh, E., & Storey, L. (2002). Prison health care part 2: Developing leadership through clinical supervision. *Nursing Management*, 8(9), 16-20.
- Holloway, I., & Freshwater, D. (2007). *Narrative research in nursing*. Oxford, UK: Blackwell.
- Jasper, M. A. (2005). Using reflective writing within research. Journal of Research in Nursing, 10(3), 247-260. doi:10.1177/ 174498710501000303
- Johns, C., & Freshwater, D. (Eds.). (2005). *Transforming nursing through reflective practice* (2nd ed.). Oxford, UK: Blackwell.
- Matthews, R. (1999). Doing time: An introduction to the sociology of imprisonment. Basingstoke, UK: Macmillan.

- McGill, I., & Brockbank, A. (2004). *The action learning handbook*. London: Routledge Farmer.
- Menzies Lyth, I. (1988). Containing anxiety in institutions: Selected essays (Vol. 1). London: Free Association Books.
- Musselwhite, C., Freshwater, D., Jack, E., & Maclean, L. (2004). *Mental health awareness for prison staff.* Bournemouth, UK: Bournemouth University.
- O'Brien, P., & Bates, R. (2003). Negotiating the waves: Challenges of conducting in-prison and follow-up research with women. *Affilia*, 18(2), 210-225.
- Pillay, V. (2005). Narrative style: The inseparability of self, style and text. *Reflective Practice*, 6(4), 539-549. doi:10.1080/14623940500300723
- Pryce, A. (2002). Refracting experience: Reflection, postmodernity and transformations. *Journal of Research in Nursing*, 7(4), 298-310. doi:10.1177/136140960200700411
- Revans, R. W. (1982). The origin and growth of action learning. Brickley, UK: Chartwell-Bratt.
- Revans, R. W. (1998). ABC of action learning. London: Lemos and Crane.
- Robson, C. (2002). Real world research. Oxford, UK: Blackwell.
- Soobrayan, V. (2003). Ethics, truth and politics in constructivist qualitative research. Westminster Studies in Education, 26(2), 107-123. doi:10.1080/0140672032000147571
- Tierney, W. G. (2002). Get real: Representing reality. *Quali*tative Studies in Education, 15(4), 385-398. doi:10.1080/ 09518390210145444
- Tolich, M. (2010). A critique of current practice: Ten foundational guidelines for autoethnographers. *Qualitative Health Research*, 20, 1599-1610. doi:10.1177/1049732310376076
- Walsh, E. (2007). An examination of the emotional labor of nurses working in prison (Unpublished PhD dissertation). Bournemouth University, Bournemouth, UK.
- Walsh, E. (2009a). The emotional labour of nurses working in Her Majesty's (HM) Prison Service. *Journal of Forensic Nursing*, 5(3), 143-152. doi:10.1111/j.1939-3938.2009.01047.x
- Walsh, E. (2009b). Partnership work with health professionals in segregation units. *Prison Service Journal*, 181, 34-36.
- Walsh, E. (2009c). Prison nursing: The knowledge power connection. Aporia, 1(2), 7-14.
- Walsh, E., Dilworth, S., & Freshwater, D. (2007). Establishing clinical supervision in prison health care settings: A report for offender health. Bournemouth, UK: Bournemouth University, Department of Health.
- Walsh, E., & Freshwater, D. (2009). The mental wellbeing of prison nurses in England and Wales. *Journal of Research in Nursing*, 14(6), 553-564. doi:10.1177/1744987109 346762

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